

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date		
							Applicant(s) <i>Hiromichi Nakata</i>				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	✓						51				
2		✓					52				
3		✓					53				
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Total Indep	2						Total Indep				
Total Depend	16						Total Depend				
Total Claims	18						Total Claims				

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